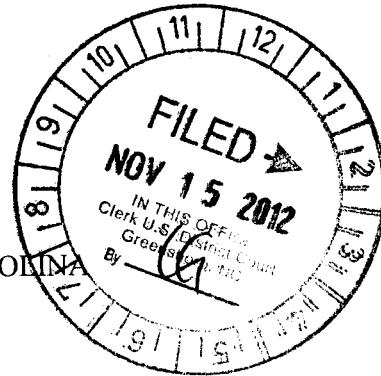


UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
Pro se [Non-prisoner] Complaint Form



Thomas Ray Howell,)
(Your Name))
Plaintiff,)
v.)
Physicians and Staff,)
Name - Salisbury and,)
Asheville - North Carolina,)
Defendant(s).)

COMPLAINT

I. JURISDICTION

362. Personal injury / medical/nra/practice

II. PARTIES

A. Plaintiff

Name of Plaintiff: Thomas Roy Howell

Address: 502 Booker T. Womble Road
Randleman, NC 27317

B. Defendant(s) (**Notice:** A person must be identified in subsections B and C in order to be considered as a defendant.)

Name of Defendant: Physicians and Staff VAMC-Salisbury and Asheville

Current Address: _____

C. Additional Defendants (please provide the same information for each defendant as listed in Item B above):

III. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Do this by identifying the alleged legal wrong and by describing how each defendant named in Section II.B. and C. above is personally responsible for depriving you of your rights. Include relevant times, dates, and places. Also, you must state the basis for federal jurisdiction. In other words, why should the case be in federal court as opposed to state court. **DO NOT GIVE LEGAL ARGUMENTS OR CITE ANY CASES.** Number and set forth each separate claim in a separate paragraph.) (Attach extra sheets if necessary.)

I am requesting a extension of time to complete this action. I am waiting medical opinions from doctors who are reviewing my claim. I pray and hope for the courts understanding of my issues, as I was unable to obtain legal assistance for my claim

III. STATEMENT OF CLAIM - continued.

IV. RELIEF

State briefly and exactly what relief you want from this court.

Compensation for my injury which resulted in permanent disability including additional medical care as needed pain & suffering with consideration that my life as I knew it no longer exists.

Signed this 13 day of November, 2012.

Howard Ray Hornell
Signature of plaintiff

502 Booker T. Womble Road
Address

Randleman NC 27317

336-495-4813

Telephone number